SCC eFile	SCC eFile 2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION 212520116				
1.) CORPORATION NAME:				- /24/2042	
			DUE DATE: \$	0/31/2012	
AMERICAN SOCIETY OF TRAVEL AGENTS, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PAUL M. RUDEN			SCC ID NO: F0543449		
ASTA 1101 KING STREET			5.) STOCK INFORMATION CLASS AUTHORIZED		
ALEXANDRIA, VA 22314					
3.) CITY OR COUNTY OF VA REG ALEXANDRIA CITY	ISTERED OFFICE:				
4.) STATE OR COUNTRY OF INCO	DRPORATION:				
6.) PRINCIPAL OFFICE ADDRESS:					
ADDRESS: 1101 KII					
CITY/ST/ZIP: ALEX/	·				
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.					
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Nina Meyer P/COB 5000 SW 75th Avenue Suite 300 Miami, FL 33155	X OFFIC	EER	X DIRECTOR	
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John I. Lovell VP/S 1910 Breton Road SE Grand Rapids, MI 49506-4887	X OFFIC	EER	X DIRECTOR	
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Scott Pinheiro TREASURER P.O. Box 1337 Santa Cruz, CA 95061-1337	X OFFIC	ER	X DIRECTOR	
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY GONCHAR CEO 1101 KING STREET ALEXANDRIA, VA 22314	X OFFIC	ER	DIRECTOR	
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Susan H. Aft DIRECTOR 8725 Roswell Road Suite O-123 Atlanta, GA 30350-7500	OFFIC	EER	X DIRECTOR	
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lois M. Howes DIRECTOR 174 North Long Beach Avenue Freeport, NY 11520	OFFIC	EER	X DIRECTOR	

			OFFICER	X DIRECTOR	
	NAME:	Laura Rodriguez-Verbera			
	TITLE:	DIRECTOR			
	ADDRESS:	7035 South Central Avenue			
		Suite 4			
	CITY/ST/ZIP/CO:	Phoenix, AZ 85042-5465			
		1 110011X, 7 L 000 12 0 100			
			OFFICER	χ DIRECTOR	
	NAME:	Karl E. Rosen			
	TITLE:	DIRECTOR			
	ADDRESS:	118 Felice Court			
	CITY/ST/ZIP/CO:	Palm Desert, CA 92211			
			OFFICER	χ DIRECTOR	
	NAME:	0	OTTIOER	A BIREGION	
	NAME: TITLE:	Carol L. Wagner			
		DIRECTOR			
	ADDRESS:	8101 Commerce Road			
	CITY/ST/ZIP/CO:	Commerce, MI 48382-3575			
			OFFICER	X DIRECTOR	
	NAME:	Lee Thomas			
	TITLE:	DIRECTOR			
	ADDRESS:	702 North Shore Drive			
	ADDITEOU.				
	CITY/ST/ZIP/CO:	Suite 101 Jeffersonville , IN 47130-3146			
		Jenersonvine , in 47 130-3140			
			OFFICER	X DIRECTOR	
	NAME:	Marc Casto			
	TITLE:	DIRECTOR			
	ADDRESS:	2560 North First Street			
		Suite 150			
	CITY/ST/ZIP/CO:	San Jose, CA 95131			
			OFFICER	x DIRECTOR	
	NIABAT.	0. 0	OFFICER	X DIRECTOR	
	NAME:	Steve Powers			
	TITLE:	DIRECTOR			
	ADDRESS:	509 Lincoln Boulevard			
	CITY/ST/ZIP/CO:	Long Beach, NY 11561-2311			
			OFFICER	χ DIRECTOR	
	NAME:	Jason Coleman			
	TITLE:	DIRECTOR			
	ADDRESS:	3002 Midvale Avenue			
	ADDITEOU.				
	CITY/ST/ZIP/CO:	Suite 202 Los Angeles, CA 90034			
		LOS Arigeles, CA 90004			
			OFFICER	χ DIRECTOR	
	NAME:	Leo A. Zabinski			
	TITLE:	DIRECTOR			
	ADDRESS:	29 Plantation Park Drive			
		Suite 104B			
	CITY/ST/ZIP/CO:	Bluffton , SC 29910-9010			
			OFFICER	X DIRECTOR	
	NIABAT.		OFFICER	X DIRECTOR	
	NAME:	Robert Durant			
	TITLE:	DIRECTOR			
	ADDRESS:	1303 Homer Street			
	CITY/ST/ZIP/CO:	Vancouver, BC V6B 5M9, CA			
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND					
COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
	Y GONCHAR	ANTHONY GONCHAR, CEC		5/30/2012	
SIGNATURE OF DIRECTOR/OFFICER PRINTED NAME AND CORPORATE DATE LISTED IN THIS REPORT TITLE					
		TITLE			
		on to sign a document, which include		rd, that is false in any material	
respect with the intent that the document be delivered to the Commission for filing.					